ENGLISH

My Asthma Plan

Patient Name: _____

Medical Record #: _____

Physician's Name: _____ DOB: _____

Physician's Phone #: _____ Completed by: _____ Date: _____

Controller Medicines	How Much to Take	How Often	Other Instructions
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	

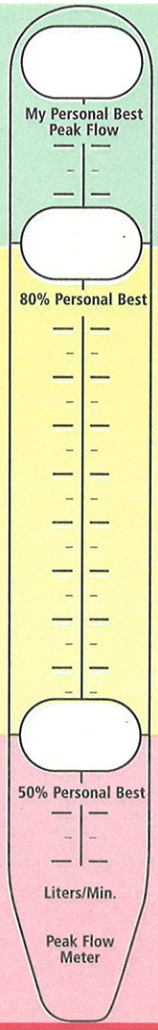
Quick-Relief Medicines	How Much to Take	How Often	Other Instructions
		Take ONLY as needed	NOTE: If this medicine is needed frequently, call physician to consider increasing controller medications.

Special instructions when I feel *good,* *not good,* and *awful.*

GREEN ZONE

I feel ***good.***

(My **peak flow** is in the **GREEN** zone.)



PREVENT asthma symptoms everyday:

- ☐ Take my controller medicines (above) everyday.
- ☐ Before exercise, take _____ puffs of _____
- ☐ Avoid things that make my asthma worse like:

_____

YELLOW ZONE

I do ***not*** feel ***good.***

(My **peak flow** is in the **YELLOW** zone.)

My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities
- _____

_____

CAUTION. I should continue taking my everyday controller asthma medicines AND:

- ☐ Take _____

_____

If I still do not feel good, or my peak flow is not back in the ***Green Zone*** within one hour, then I should:

- ☐ Increase _____

_____

- ☐ Add _____

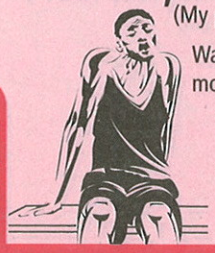
_____

- ☐ Call _____

RED ZONE

I feel ***awful.***

(My **peak flow** is in the **RED** zone.)



Warning signs may include one or more of the following:

- Its getting harder and harder to breathe
- Unable to sleep or do usual activities because of trouble breathing

MEDICAL ALERT! Get help!

- ☐ Take _____ until I get help immediately.
- ☐ Take _____

_____

- ☐ Call _____

Danger! Get help immediately! Call 911 if trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.

ORIGINAL (PATIENT)